

# EDI SUPPLY REQUEST

To be used only to reorder **Electronic Data Interchange Supplies**

For use in the  
CALIFORNIA MEDI-CAL DENTAL PROGRAM



Billing Provider Name	Medi-Cal Provider Number
Mailing Address	Telephone Number (       )
City, State	ZIP Code

**DENTI-CAL**  
CALIFORNIA MEDI-CAL DENTAL PROGRAM

After completion, mail to:      Supplier      -OR-      FAX TO: (209) 832-2105  
Denti-Cal Forms Reorder  
410 E. Grantline Road  
Tracy, CA 95376

## EDI X-RAY ENVELOPES (Order a supply of all three types)

<i>Order Number</i>	<i>Description</i>	<i>Indicate Quantity</i>
DC-014E	Large X-Ray Envelopes (for enclosing x-rays)	
DC-014F	Small X-Ray Envelopes (for enclosing x-rays)	
DC-006C	Large Mailing Envelopes (to mail multiple x-ray envelopes)	

## EDI LABELS (Order one type)

<i>Order Number</i>	<i>Description</i>	<i>Check Quantity Desired</i>
DC-018A	3-up laser labels (12 labels per sheet):	
	A. Blank	<input type="checkbox"/> 25 sheets <input type="checkbox"/> 50 sheets <input type="checkbox"/> 100 sheets
DC-018B	B. Partially preprinted (Medi-Cal Provider ID number, name and address will be imprinted) *	<input type="checkbox"/> 12 sheets <input type="checkbox"/> 24 sheets <input type="checkbox"/> 36 sheets
	1-up continuous labels (4 labels per sheet)	<input type="checkbox"/> 500 sheets <input type="checkbox"/> 1,000 sheets <input type="checkbox"/> 2,500 sheets
DC-018C	3-up continuous labels (12 labels per sheet)	<input type="checkbox"/> 250 sheets <input type="checkbox"/> 500 sheets

\* NOTE: If you use the services of clearinghouse WebMD, order DC-018A laser labels in the partially preprinted format (B).